

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: COUNTRYSIDE MANOR (0009425)

Address: 4232 W MINNESOTA CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096146 **End Date:** 11/22/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009494 Served 01/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.11(3)(a)	RESPONSIBILITIES		
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL		
83.21(4)(i)2	WRITTEN INFORMED CONSENT		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)2	ANNUAL EVALUATION UPDATED		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(4)(f)	MONITORING SYMPTOM STATUS		
83.41(1)(c)2	RESIDENTS WITH DIFFERENT CLASSES		

Survey ID: 0095156 **End Date:** 07/06/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0094806 End Date: 05/17/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008808 Served 06/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	06/10/2005	Yes

Survey ID: 0094018 End Date: 01/19/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009060 Served 02/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	10/05/2005	No
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/05/2005	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/05/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	10/05/2005	No
83.21(4)(g)	FAIR TREATMENT	10/05/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	10/05/2005	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	10/05/2005	Yes

Survey ID: 0092695 End Date: 05/25/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008993 Served 06/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	01/19/2005	Yes
83.41(1)(c)1	SIZE	12/01/2004	Yes

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Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 01/06/2006 SOD #10009494 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.13(5)(b)

FORFEITURE---83.21(4)(i)2

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.32(2)(c)2

FORFEITURE---83.33(4)(f)

Date: 05/17/2005 SOD #10008808 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

Date: 02/02/2005 SOD #10009060 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.11(3)(a)

FORFEITURE---83.21(4)(g)

Date: 06/07/2004 SOD #10008993 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---13.05(3)(a)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 05/18/2005

Date Investigation Completed: 11/22/2005

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/19/2004

Date Investigation Completed: 12/06/2004

Subject Area(s)

ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/17/2003

Date Investigation Completed: 05/25/2004

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

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